

Substitute for form 1449/PTO

INFORMATION DISCLOSURE

STATEMENT BY ~~APPLICANT~~

(use as many sheets as necessary)

Substitute for form 1449/PTO		COMPLETE IF KNOWN	
INFORMATION DISCLOSURE		Application Number	10/567,516
STATEMENT BY APPLICANT		Filing Date	February 7, 2006
(use as many sheets as necessary)		First Named Inventor	Gabor BATORA et al.
		Group Art Unit	1625
		Examiner Name	Z.N. DAVIS
Sheet	1	of	Attorney Docket Number

U.S. PATENT DOCUMENTS

FOREIGN PATENT DOCUMENTS

Examiner Signature _____ Date Considered _____

*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

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Sheet	2	of	2	Attorney Docket Number	
				21275YP	

NON PATENT LITERATURE DOCUMENTS

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